

|   |   |   |                   |   |                      |
|---|---|---|-------------------|---|----------------------|
| AO 435<br>(Rev. 04/18)  |   | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS |                   | <b>FOR COURT USE ONLY</b>                             |                      |
| <b>TRANSCRIPT ORDER</b>   |   |   |                   | <b>DUE DATE:</b>                                      |                      |
| <i>Please Read Instructions:</i>  |   |   |                   |   |                      |
| 1. NAME<br>Michael D. Warner, Esq./Cole Schotz P.C.   |   | 2. PHONE NUMBER<br>(817) 810-5268                 |                   | 3. DATE<br>9/15/2020                                  |                      |
| 4. DELIVERY ADDRESS OR EMAIL<br>klabrada@coleschotz.com; Inv to: 301 Commerce St, #1700                         |   | 5. CITY<br>Fort Worth                             |                   | 6. STATE<br>TX  | 7. ZIP CODE<br>76102 |
| 8. CASE NUMBER<br>20-33948  | 9. JUDGE<br>Marvin Isgur  | DATES OF PROCEEDINGS                              |                   |   |                      |
|   |   | 10. FROM 9/14/2020                                |                   | 11. TO 9/14/2020                                      |                      |
| 12. CASE NAME<br>In re Fieldwood Energy LLC, et al.   |   | LOCATION OF PROCEEDINGS                           |                   |   |                      |
|   |   | 13. CITY Houston                                  |                   | 14. STATE TX  |                      |
| 15. ORDER FOR   |   |   |                   |   |                      |
| <input type="checkbox"/> APPEAL   |   | <input type="checkbox"/> CRIMINAL                 |                   | <input type="checkbox"/> CRIMINAL JUSTICE ACT         |                      |
| <input type="checkbox"/> NON-APPEAL   |   | <input type="checkbox"/> CIVIL                    |                   | <input checked="" type="checkbox"/> BANKRUPTCY        |                      |
|   |   | <input type="checkbox"/> IN FORMA PAUPERIS        |                   | <input type="checkbox"/> OTHER                        |                      |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)    |   |   |                   |   |                      |
| PORTIONS  |   | DATE(S)   |                   | PORTION(S)  |                      |
| <input type="checkbox"/> VOIR DIRE  |   |   |                   | <input type="checkbox"/> TESTIMONY (Specify Witness)  |                      |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff)  |   |   |                   |   |                      |
| <input type="checkbox"/> OPENING STATEMENT (Defendant)  |   |   |                   |   |                      |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)   |   |   |                   | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) |                      |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant)   |   |   |                   |   |                      |
| <input type="checkbox"/> OPINION OF COURT   |   |   |                   |   |                      |
| <input type="checkbox"/> JURY INSTRUCTIONS  |   |   |                   | <input checked="" type="checkbox"/> OTHER (Specify)   |                      |
| <input type="checkbox"/> SENTENCING   |   |   |                   | entire proceeding                                     |                      |
| <input type="checkbox"/> BAIL HEARING   |   |   |                   |   |                      |
| 17. ORDER   |   |   |                   |   |                      |
| CATEGORY  | ORIGINAL<br>(Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY  | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE                                 | COSTS                |
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| CERTIFICATION (18. & 19.)<br>By signing below, I certify that I will pay all charges (deposit plus additional). |   |   |                   | ESTIMATE TOTAL  | 0.00                 |
| 18. SIGNATURE<br>/s/ Michael D. Warner  |   |   |                   | PROCESSED BY  |                      |
| 19. DATE<br>9/15/2020   |   |   |                   | PHONE NUMBER  |                      |
| TRANSCRIPT TO BE PREPARED BY  |   |   |                   | COURT ADDRESS   |                      |
| ORDER RECEIVED  |   | DATE  | BY                |   |                      |
| DEPOSIT PAID  |   |   |                   | DEPOSIT PAID  |                      |
| TRANSCRIPT ORDERED  |   |   |                   | TOTAL CHARGES   | 0.00                 |
| TRANSCRIPT RECEIVED   |   |   |                   | LESS DEPOSIT  | 0.00                 |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT   |   |   |                   | TOTAL REFUNDED  |                      |
| PARTY RECEIVED TRANSCRIPT   |   |   |                   | TOTAL DUE   | 0.00                 |

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